

# APPLICATION FOR MARYLAND PHARMACY PERMIT

## ATTACHMENT 1

### DECENTRALIZED PHARMACY INFORMATION

An attachment must be completed for each decentralized pharmacy affiliated with this application

Hours of Operation			
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

A. The number of staff employed at this location:	
(1) Number of Pharmacists:	
(2) Number of Pharmacy Technicians:	
(3) Number of Pharmacy Interns:	
(4) Number of Unlicensed/Unregistered Personnel in the Pharmacy:	

B. Complete pharmacist, pharmacy interns, and pharmacy technician employees name(s), employment status, license/registration number and expiration date. Attach additional sheets if necessary			
EMPLOYEE NAME	FULL / PART-TIME	STATE LICENSE / REGISTRATION #	EXPIRATION DATE

C. Describe the current method of verifying the expiration dates of licensure/registration for pharmacy employees:

D. Provide the name and contact information for the person responsible for verifying employee licensure/registration information:			
NAME	TITLE	TELEPHONE #	EMAIL